U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number							
Fees pursua		on 12/08/2004. ed Appropriations Act. 200	5 (H.R. 4818)	Complete if Known			
FEE TRANSMITTAL For FY 2007				Application Number		04/20/2004	
				Filing Date First Named Inventor		01/30/2004 Jacek Stachurski	
				Examiner Name			Staciluiski
Applicant claims small entity status. See 37 CFR 1.27				Art Unit			
TOTAL AMOUNT OF PAYMENT \$ 0				Attorney Docket No.		TI-35418	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 20-0668 Deposit Account Name: Texas Instruments Incorporated							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below   Charge fee(s) indicated below							
☐ Charge any additional fee(s) or underpayments of ☐ Credit any overpayments							
fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
		Small Entit		Small Entity		Small E	
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description Fee (\$) Small Entity Fee(\$)							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							
Multiple dependent claims 360 180							
Total Claims		Extra Claims	<u>Fee (\$)</u>	Fee I	Paid (\$)	Multiple De	ependent Claims
2	- 20 or HP =	0	×50.00		0	Fee (\$)	Fee Paid (\$)
HP = highest numb	er of total claim	ns paid for, if greater	than 20				
Indep. Claims		Extra Claims	Fee (\$)	Fee I	Paid (\$)		0
1	- 3 or HP =		× 210.00		0		
<u> </u>							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other:							
SUBMITTED BY							
Signature	/Gerald E.	Laws/		Registration No. (Attorney/Agent)	39,268	Telephone	(713) 937-8823
Name (Print/Type)	Gerald E. L	aws		(Automey/Agent)	<u> </u>	Date	28 December 2007